

State of Rhode Island

— 2022 —

Benefits Guide



Department of Administration
Office of Employee Benefits

Welcome!

The State of Rhode Island is proud to offer State employees a comprehensive benefits package that provides flexibility and choice.

This Benefits Guide includes an overview of your benefits, with information on how to save—and even earn—extra dollars with some simple choices.

To help make this guide easier to navigate, look for these icons:



Information about plan costs, ways to save, or ways to earn



Frequently asked questions or unfamiliar terms



Important reminders



Information about useful plan resources



Information about how to enroll

The State has more information about your benefits package, as well as links to forms you may need, posted on the [Office of Employee Benefits website](#). If you can't find what you're looking for, you can call the Office of Employee Benefits at **401-574-8530**.

Your Benefits at a Glance

		PAGES
Health	Medical: Three medical plans that all offer comprehensive coverage.	4–8
	Prescription Drugs: Coverage through retail pharmacies and a mail-order program.	9
	Dental: Three options for dental care—all include routine preventive care and orthodontia.	13–16
	Vision: Select between two vision care plans; both provide coverage for routine exams and glasses/contacts.	17–19
Savings	Health Savings Account: Available to those who enroll in the Anchor Choice Plan—get a State contribution to help cover expenses.	20–22
	Flexible Spending Accounts: Tax-advantaged accounts to help you save on qualifying health or dependent care costs.	23–25
	Deferred Compensation Plan: Save for the future while enjoying tax benefits.	26–28
Income Protection / Assistance	Life Insurance: Group term coverage provides protection for your family while you're employed by the State.	29
	Short-Term Disability: Receive a portion of your pay if you become ill or injured and cannot work.	30
	Legal Services: Get professional legal advice and services at a discount.	31
Open Enrollment	Important reminders and how to enroll .	32–34



Medical Coverage

*Eligible State employees have three options for medical coverage through Blue Cross & Blue Shield of Rhode Island: The **Anchor Plan**, the **Anchor Plus Plan**, and the **Anchor Choice Plan**.*

Which Plan Is Right for You?

It may not be an obvious choice, but it's an important one. Here are some things to keep in mind as you're making your decision:

1. All three plans cover the same medical services. Remember, preventive care is covered at 100% without having to meet a deductible when you visit an in-network provider.
2. All three plans use the [BCBS national network](#).
3. All three plans require you to pay 10% of the cost (your coinsurance) for covered medical expenses when you visit a [network provider](#), after you've met your deductible.
4. All three plans require you to pick a [Primary Care Provider \(PCP\)](#) to coordinate your care.
5. All three plans cover imaging in full after you meet your deductible if a [freestanding facility](#) (not affiliated with a hospital group) is used. Visit the [Office of Employee Benefits website](#) for details.

Medical Plan Highlights

Here's a snapshot of what each of the different medical plan options pays for **in-network** medical services. To see how out-of-network services are covered, and to review more comprehensive plan details, refer to the comparison chart on [page 12](#).



*Looking for a
network provider?*

*Start [here](#) for instructions on
locating a provider near you.*

	Anchor	Anchor Plus	Anchor Choice
Annual Deductible	\$1,000 Individual \$2,000 Family	\$500 Individual \$1,000 Family	\$1,500 Individual \$3,000 Family
Does the State contribute to a health savings account?	No.	No.	Yes! In 2022:* \$1,500 Individual \$3,000 Family
May I contribute to a health savings account?	No.	No.	Yes! In 2022 you may contribute up to \$2,150 for individual coverage and up to \$4,300 for family coverage. If you're over 55, you may contribute an additional \$1,000 as a catch-up contribution.
Do I have to meet the deductible for preventive care services?	No. Preventive care is covered at 100% in-network.	No. Preventive care is covered at 100% in-network.	No. Preventive care is covered at 100% in-network.
Coinsurance	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%	You pay 10% Plan pays 90%
What's the most I can pay in medical or Rx expenses each year? (out-of-pocket maximums)	\$2,000 Individual \$4,000 Family	\$1,000 Individual \$2,000 Family	\$3,000 Individual \$6,000 Family
What is my annual premium (co-share)?	See "Your 2022 Biweekly Premium Rates" on page 11.		

* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not prorated for employees that enroll after those dates.

Anchor Choice. Is This the Year You Enroll?

If you've been wondering if the Anchor Choice makes sense for you, consider this. The Anchor Choice is the only plan option that gives you free money. Every year that you're enrolled in the Anchor Choice Plan, the State makes a contribution to your health savings account (HSA), whether you do or not. This doesn't happen with the Anchor or Anchor Plus Plan. Maybe that's enough reason for you to consider enrolling. But here are a few more:

1. Your no-strings-attached contribution to your HSA from the State can **cover the entire annual deductible**.
2. You do not have to contribute to your account, but you can, up to IRS limits, so that **your balance can increase over time**. If you do not use your HSA dollars to pay for eligible health care expenses, you can just sit back and watch it grow. There's no requirement to use it. You can even keep it and wait to spend it during retirement. Eligible health care expenses aren't taxed—even in retirement!
3. You save on taxes three ways:
 - The contributions you make to your HSA aren't taxed—and they **reduce your taxable income**, too!
 - You're not **taxed on HSA withdrawals** for qualified health care expenses.
 - You earn **tax-free interest on your HSA balance** and any investment earnings.

4. There's **no use-it-or-lose-it** with an HSA. The money is yours to keep, including any contributions you've received from the State, even if you stop working for the State.
5. Once you reach a \$1,000 balance, you have the option to **invest your HSA dollars**, which means even more potential for earnings.
6. The Anchor Choice Plan has the **lowest premium rates** of the three plans.

Let's Compare the Other Medical Plans to the Anchor Choice Plan

What's the SAME about the Anchor Choice Plan?	What's DIFFERENT about the Anchor Choice Plan?
<p>Doctors. You have the same network of providers as the other two plans.</p> <p>Coinurance. You pay the same coinsurance percentage as the other two plans.</p>	<p>Health Savings Account. You receive your own HSA when you elect the Anchor Choice Plan. The State contributes to your account every year! And the amount the State contributes is equal to the deductible. You have the option to contribute, too, to increase your tax-free spending power. The other plans do not have this feature.</p>
	<p>Deductible and Out-of-Pocket Maximum. The deductible and out-of-pocket maximum is higher than the other two plans, but the Anchor Choice is the only plan that the State contributes to on your behalf.</p>
	<p>Premiums (Co-Shares). The Anchor Choice Plan has the lowest premiums of all the Plans. You pay slightly less from your paycheck for medical insurance than you would with the other two plans. That's money you can save every pay period!</p>
	<p>Prescriptions. See page 9 to see how paying for retail pharmacy prescriptions differs under the Anchor Choice Plan.</p>

For more details on the Anchor Choice Plan and HSA eligibility, see the comparison chart on [page 12](#), and visit the [Office of Employee Benefits website](#) to watch videos, read FAQs, and get all the information you need to understand how this valuable benefit works.

We've got the tools to help!

alex[®]

Talk to **ALEX**[®]—an interactive online decision tool—to help you with your plan selection.



*For questions regarding your prescription coverage, please call CVS at 800-307-5432

Have Questions About Your Medical Coverage? Call the BCBSRI CARE Center!

If you're in need of answers or information about:

- Your benefits and how they work
- Switching primary care physicians
- The status of a claim
- Password re-sets
- Referrals
- New ID cards
- Locating a network provider or a freestanding facility
- Coordinating care
- Managing a chronic condition

Call the BCBSRI State of Rhode Island Employee CARE Center. The State's designated team is located here in Rhode Island, and they can provide assistance to State employees and their family members on all the topics referenced above as well as anything else related to your medical coverage. The CARE Center can be reached at **401-429-2104** or **866-987-3705**, and is open Monday–Friday, 8 a.m.–8 p.m. and Saturday, 8 a.m.–12 p.m. Note that for questions about prescription drug coverage, you should contact CVS Caremark at **800-307-5432**.

Important Plan Features

1. You must [designate a PCP](#) when you enroll for coverage to coordinate your care. If you visit a specialist without receiving a referral from your PCP, your copay or coinsurance will be higher.
2. Imaging services are covered in full after you meet your deductible if a freestanding facility (not affiliated with a hospital group) is used. You can check and compare imaging costs by logging in to mybcsri.com and clicking on **Find a Cost** under **Tools & Resources** in the **Self Service** menu. A list of freestanding facilities is also available on the [Office of Employee Benefits website](#).
3. Your medical plan out-of-pocket maximum includes prescription drugs. That means, if your copays or coinsurance in medical claims and prescription drug claims combined hits the out-of-pocket maximum for the year, the Plan will pay 100% of your covered costs (including prescription drug copays) for the remainder of the year!

Terms to Know

Annual Deductible: The amount you pay before the Plan begins to pay its share for covered medical expenses. Some services (like preventive care and any copays for doctor visits or prescriptions) do not require you to meet a deductible. If you meet your deductible, you'll begin paying your share of coinsurance (10% in-network) for covered medical expenses until you reach the out-of-pocket maximum for the year. At that point, the Plan pays 100% of your covered medical expenses. The family annual deductible is cumulative, meaning that any combination of claims—even if it's just from one individual—counts toward satisfying the family deductible.

Coinsurance: Once you meet your annual deductible, you and the Plan share in the cost of covered medical expenses. This is called "coinsurance." When you visit in-network providers, the Plan's share is 90% and your coinsurance is 10%. If you go to an out-of-network provider, the Plan's share is 70% and your coinsurance is 30%. Coinsurance is considered an out-of-pocket cost, just like copays.

Health Savings Account: If you elect the Anchor Choice Plan, you automatically receive a health savings account (HSA). An HSA is a tax-advantaged account that allows you to save money for qualified medical expenses for this year and the future. The State contributes to your Health Savings Account, and you can too! See [page 17](#) for details.

Out-of-Pocket Maximum: The out-of-pocket maximum is your protection against high medical expenses. It's a cap or limit on what you can spend in deductible expenses, copays, and coinsurance each year. If you hit your out-of-pocket maximum, the Plan will pay your remaining covered medical or prescription expenses at 100% for the rest of the year.

Premium (Co-Share): A premium is the contribution or share you pay to have medical insurance. Your premiums are deducted from your pay on a biweekly basis. The amount of your premium depends on the plan you elect, whether you choose individual or family coverage, your salary, and whether you're a part-time or full-time employee. You pay your premium regardless of how often you use the Plan.

Primary Care Provider (PCP): A PCP is a provider you formally designate from the BCBSRI network to be your main doctor. Your PCP is responsible for coordinating your care and referring you to specialists, if needed.

Prescription Drugs

When you elect medical coverage, you automatically receive prescription drug coverage, administered by [CVS Caremark](#).

The amount you pay per prescription depends on the drug tier. For a 30-day supply at a retail pharmacy, you pay:

- **Generic Drugs:** \$10 copay
- **Preferred Brand-Name Drugs:** \$35 copay
- **Non-Preferred Brand-Name Drugs:** \$60 copay
- **Specialty Drugs:** \$100 copay

**Questions about
your prescription
drug coverage?**

Call CVS Caremark at
800-307-5432.

IMPORTANT: If you enroll in the Anchor Choice Plan, you'll pay for your retail pharmacy prescriptions in full until you reach your annual deductible. After that, you're only responsible for your copay. However, if you take medication on the [preventive therapy drug list](#), you only pay your copay, regardless of whether you've met your deductible. The other two medical plans (Anchor and Anchor Plus) do not require you to meet your deductible before you pay prescription drug copays.

Can I find out how much my prescription drugs will cost?

Once you set up an account at [caremark.com](#), you can find the covered drug list from your personal portal under the **Plan and Benefits** tab. From there you can also access the Check Drug Cost tool to determine if your prescription drug is covered and what it will cost under your medical plan. If you're not currently enrolled in State employee health coverage, you can access the Check Drug Cost tool from the [Office of Employee Benefits website](#) under the tab **Drug Lists & Costs**.

Mail-Order Program (Maintenance Choice—CVS Caremark)

The Plan offers a convenient and less expensive alternative to a retail pharmacy if you take medication on a regular basis to treat a chronic condition like asthma, diabetes, or high blood pressure. For the same copay as two 30-day supplies from a retail pharmacy, you receive a 90-day prescription. Under Maintenance Choice, you can pick up your 90-day supply at a CVS pharmacy (including those located inside Target stores) or receive your order at home via CVS Caremark Mail Service Pharmacy. You will be automatically opted in to the Maintenance Choice program when you fill a prescription for a drug on the [maintenance medication list](#). If you want to continue filling 30-day supplies at your preferred pharmacy, you are free to do so by calling CVS Caremark and opting out. For more details, refer to the [Office of Employee Benefits website](#).

Specialty drugs are not available under the Maintenance Choice program; they are available by mail through the CVS Specialty Pharmacy.

Wellness Pays

The State takes a total-health approach to wellness, not just focusing on your physical health but also your mental health and work-life balance. There are many programs and resources to help you achieve your goals. Visit employeebenefits.ri.gov/wellness for a comprehensive overview of the State's programs.



Incentives to help make healthy behaviors pay off

The [Rewards for Wellness program](#) enters its 15th year in 2022. Once again, it offers up to \$500 per employee in credits that are automatically applied to your biweekly medical plan premium (co-share) for completing certain wellness activities.* Just like last year, all activities must be completed during the 2022 calendar year (January 1, 2022 – December 31, 2022), and incentives will be delivered in 10 consecutive pay days in the first half of 2023.

For Rewards for Wellness 2022–2023, you can earn premium (co-share) credits by completing various wellness activities and a health assessment through the [Virgin Pulse platform](#). To get started, download the Virgin Pulse app through the Apple App Store® or Google Play®, or visit join.VirginPulse.com, and select "Blue Cross & Blue Shield of Rhode Island" as your sponsor organization's name.

Visit [Rewards for Wellness 2022–2023](#) on the Office of Employee Benefits website for more details on participation and eligibility for the Rewards for Wellness 2022–2023 program.



Receive your annual preventive care exam and earn \$250!

If you receive a [preventive care exam](#) in 2022, you will earn a \$250 credit toward your medical premiums (co-shares). If you're married and your spouse also receives a preventive care exam, you will earn an *additional* \$250 credit toward your premiums (co-shares).** This is *in addition to* any wellness credits you may receive for completing wellness activities in the Rewards for Wellness program. Credits will be delivered in five consecutive pay days in the second half of 2023. **All told, employees can earn \$750 off their premiums (co-shares) as an individual (or \$1,000 with spouse)!**

* Only active State of Rhode Island employees who are paying State medical premium payments at the time of the incentive delivery are eligible to receive premium credits.

** You and/or your spouse must obtain at least one of the following qualifying preventive exams to earn the \$250 credit(s): annual physical exam, annual gynecological exam, or prenatal obstetric exam. To receive \$250 in credits for a spouse's annual preventive exam, the spouse must have been covered as a dependent on the employee's family plan both when they received a qualifying annual preventive exam and when the incentives are paid out.



Your 2022 Biweekly Premium Rates (Co-Shares)*

	Anchor	Anchor Plus	Anchor Choice
Full-Time Employee (Individual Coverage)			
Less than \$102,840	\$61.51	\$65.81	\$61.06
\$102,840 and above	\$76.88	\$82.26	\$76.33
Full-Time Employee (Family Coverage)			
Less than \$53,498	\$129.32	\$138.37	\$128.39
\$53,498 to less than \$102,840	\$172.43	\$184.49	\$171.19
\$102,840 and above	\$215.54	\$230.62	\$213.99
Part-Time Employee (Individual Coverage)			
Less than \$96,937	\$61.51	\$65.81	\$61.06
\$96,937 and above	\$107.64	\$115.16	\$106.86
Part-Time Employee (Family Coverage)			
Less than \$96,937	\$172.43	\$184.49	\$171.19
\$96,937 and above	\$301.76	\$322.86	\$299.58

* Premiums and salary bands listed here are for 26-pay-period classified and unclassified State employees only and are effective as of the pay period beginning December 19, 2021. Part-time premiums are based on a job specification's full-time salary. College employees should refer to their college or university website (URI, RIC, CCRI) for their premiums and salary bands. Members of the Rhode Island Troopers Association and State Police command staff should refer to the [Office of Employee Benefits website](#) for their premiums and salary bands.



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your medical plan elections. For instructions on how to use the Workterra online enrollment system, please review the [User Guide](#) on the [Office of Employee Benefits Enrollment page](#).



What if I Want to Waive Coverage?

If you waive medical or prescription drug coverage and show that you're enrolled in other qualifying coverage, you are eligible to receive up to \$1,001 as an opt-out payment. However, not everyone is eligible to receive this opt-out payment—please review the eligibility provisions on the **Enrollment/Waiver** tab of the Office of Employee Benefits website's [medical coverage page](#). To waive medical or prescription drug coverage and receive the opt-out payment, you will need to waive coverage and provide proof of other qualifying coverage during an [enrollment period](#) using the Workterra [online enrollment system](#).

Medical & Prescription Plans

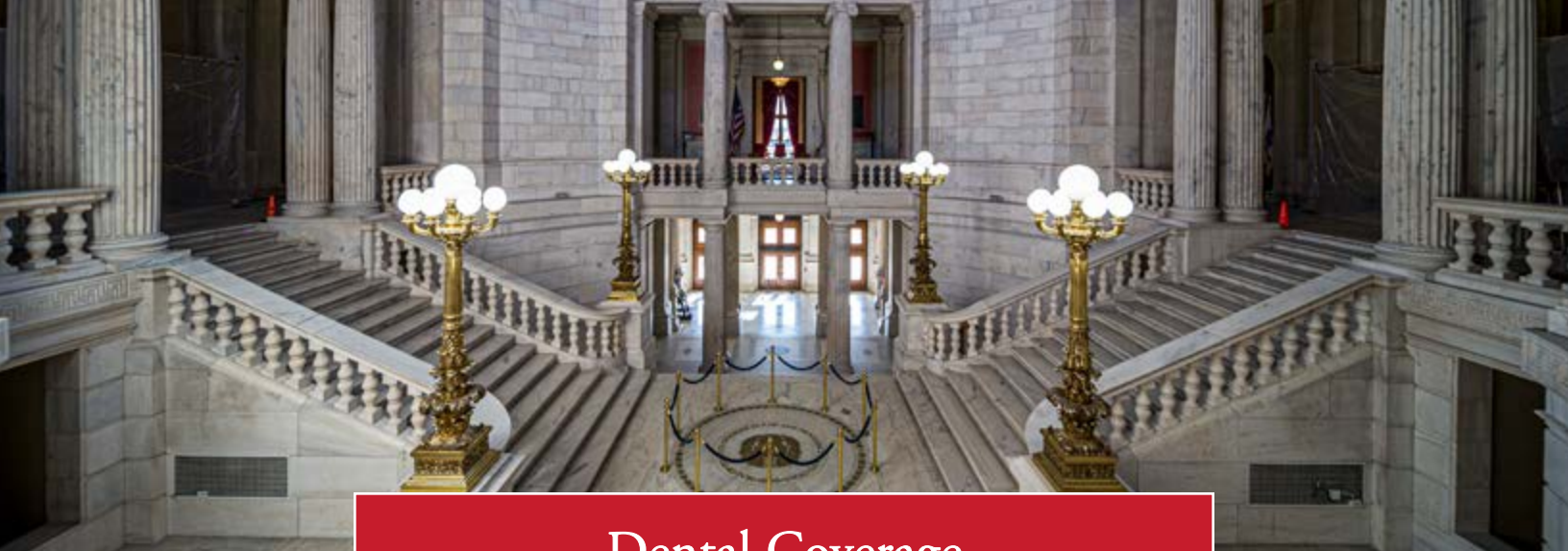
	Anchor Plan		Anchor Plus Plan		Anchor Choice with HSA Plan (HSA Qualified Plan)	
State HSA Contribution – Single / Family	N/A		N/A		\$1,500 / \$3,000	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical Deductible – Single / Family	\$1,000 / \$2,000	\$2,000 / \$4,000	\$500 / \$1,000	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,250 / \$4,500
Coinsurance	10%	30%	10%	30%	10%	30%
Out-of-Pocket Maximum – Single / Family	\$2,000 / \$4,000	\$6,000 / \$12,000	\$1,000 / \$2,000	\$5,000 / \$10,000	\$3,000 / \$6,000	\$4,500 / \$9,000
Preventive Care	Covered in full	Coinsurance after deductible	Covered in full	Coinsurance after deductible	Covered in full	Coinsurance after deductible
Office Visit (non-preventive)						
PCP	\$15 copay	Coinsurance after deductible	\$15 copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Specialist	\$25 / \$50 copay*	Coinsurance after deductible	\$25 / \$50 copay*	Coinsurance after deductible	10% / 30% after deductible*	Coinsurance after deductible
Chiropractic Care	\$15 copay	Coinsurance after deductible	\$15 copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Diagnostic Test (X-ray, blood work)	No charge	Coinsurance after deductible	No charge	Coinsurance after deductible	Coinsurance after deductible, no charge if preventive	Coinsurance after deductible
Imaging (CT or PET scans, MRIs)	Coinsurance after deductible**	Coinsurance after deductible	Coinsurance after deductible**	Coinsurance after deductible	Coinsurance after deductible**	Coinsurance after deductible
Inpatient Hospital	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Outpatient Surgery	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Mental Health or Substance Use Disorder						
Inpatient	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Outpatient	\$15 copay	Coinsurance after deductible	\$15 copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Emergency Room	\$150 copay	\$150 copay	\$125 copay	\$125 copay	10% Coinsurance after deductible	10% Coinsurance after deductible
Ambulance	Covered in full	Covered in full	Covered in full	Covered in full	Coinsurance after deductible	10% Coinsurance after deductible
Urgent Care	\$50 copay	Coinsurance after deductible	\$50 copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Physical Therapy, Occupational Therapy, Speech Therapy	\$15 copay	Coinsurance after deductible	\$15 copay	Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible
Prescription Deductible – Single / Family	None	None	None	None	Combined	Combined
Out-of-Pocket Maximum – Single / Family	Combined	None	Combined	None	Combined	Combined
Retail (30-day supply) 4-Tier: generic / preferred brand / non-preferred brand / specialty	\$10 / \$35 / \$60 / \$100 copay	\$10 / \$35 / \$60 / \$100 copay	\$10 / \$35 / \$60 / \$100 copay	\$10 / \$35 / \$60 / \$100 copay	\$10 / \$35 / \$60 / \$100 copay after deductible***	Coinsurance after deductible
Mail Order (90-day supply)**** 3-Tier: generic / preferred brand / non-preferred brand	\$20 / \$70 / \$120 copay	Not covered	\$20 / \$70 / \$120 copay	Not covered	\$20 / \$70 / \$120 copay after deductible	Not covered

* Amount shown reflects your costs *with a referral* or *without a referral*.

** Covered in full after deductible if a *freestanding facility not affiliated with a hospital group* is used.

*** You pay the full cost prior to meeting your deductible unless the drug is on the *preventive therapy list*.

**** Specialty drugs are limited to a 30-day supply.



Dental Coverage

*Eligible State employees have three options for dental coverage:
Anchor Dental, Anchor Dental Plus, and Anchor Dental Platinum.*

Healthy teeth and gums are an important part of your overall health. In fact, a routine dental checkup could help uncover more serious conditions like lupus, sleep apnea, arthritis, and diabetes. That's why the State offers comprehensive dental care—with preventive care covered at 100%—regardless of the plan you elect.

Which Plan Is Right for You?

All three dental plans cover basic, restorative, and major restorative services as well as orthodontia. All use the same [Delta Dental network](#). Anchor Dental is a base plan, but Anchor Dental Plus and Anchor Dental Platinum are buy-up options that offer even greater coverage.

How Do the Buy-Up Options Work?

You can elect to pay a higher premium (co-share) to receive more dental coverage. Keep in mind, however, that the State's contribution toward the cost of your coverage is the same regardless of whether you elect the base plan or either of the buy-up options.

Both buy-up options have more covered services and may be worth considering if you or your dependent(s) may need additional dental services in 2022. For example, the Anchor Dental Platinum plan provides orthodontia coverage for children and adults, and it also has coverage for implants.

Dental Plan Highlights

The chart below is a snapshot of what each of the different dental plan options pays for **in-network** dental services, but there are several restrictions and limits in place. For more details, see the comparison chart on [page 16](#).

	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum
Annual Deductible per Person	None	None	None
Annual Plan Maximum per Person	\$1,500	\$2,000	\$2,500
Lifetime Orthodontic Maximum per Person	\$1,500	\$2,000	\$2,500
Basic or Preventive Services (e.g., exams, cleanings, X-rays, sealants, fluoride treatments)	100% (exams, fluoride treatments covered once per year; occlusal guards and specialty consultations not covered)	100% (exams, fluoride treatments covered twice per year; occlusal guards covered; specialty consultations not covered)	100% (exams, fluoride treatments covered twice per year; occlusal guards covered; specialty consultations covered at 80%)
Major Restorative (e.g., crowns)	80%	80%	80%
Periodontics (e.g., scaling or planing)	50%	80%	100%
Implants	Not covered	Not covered	50% covered up to separate \$3,500 lifetime maximum
Orthodontia (elective braces)	50% for children up to age 19	50% for children up to age 19	50% for children and adults; no age limit



Dental Coverage Resources

Visit the [Office of Employee Benefits website](#) to review an informative video about the dental coverage options. Don't forget to talk to **ALEX** while you're there if you need help choosing a plan. Also be sure to visit deltadentalri.com to manage your dental benefits with ease, including checking your specific benefits and coverage dates, reviewing progress toward maximum amounts and confirming remaining balances, looking up the status of a specific claim or reviewing your recent claim history, and instantly printing a copy of your ID card.



Your 2022 Biweekly Premium Rates (Co-Shares)*

	Anchor Dental	Anchor Dental Plus	Anchor Dental Platinum
Full-Time Employee (Individual Coverage)			
Less than \$102,840	\$3.15	\$5.07	\$7.78
\$102,840 and above	\$3.94	\$5.86	\$8.57
Full-Time Employee (Family Coverage)			
Less than \$53,498	\$6.12	\$11.09	\$18.11
\$53,498 to less than \$102,840	\$8.16	\$13.13	\$20.15
\$102,840 and above	\$10.20	\$15.17	\$22.19
Part-Time Employee (Individual Coverage)			
Less than \$96,937	\$3.15	\$5.07	\$7.78
\$96,937 and above	\$5.51	\$7.43	\$10.14
Part-Time Employee (Family Coverage)			
Less than \$96,937	\$8.16	\$13.13	\$20.15
\$96,937 and above	\$14.28	\$19.25	\$26.27

* Premiums and salary bands listed here are for classified and unclassified State employees only and are effective as of the pay period beginning December 19, 2021. Part-time premiums are based on a job specification's full-time salary. College employees should refer to their college or university website (URI, RIC, CCRI) for their premiums and salary bands. Members of the RI Troopers Association and the State Police Command Staff should refer to the [Office of Employee Benefits website](#) for their premiums and salary bands.



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your dental plan elections. For instructions on how to use the Workterra online enrollment system, please review the [User Guide](#) on the [Office of Employee Benefits Enrollment page](#).

Dental Plans

Dental Plans	Anchor Dental		Anchor Dental Plus		Anchor Dental Platinum	
Annual Deductible (per person)	None		None		None	
Annual Plan Maximum (per person) *	\$1,500		\$2,000		\$2,500	
Lifetime Orthodontic Services Maximum (per person)	\$1,500		\$2,000		\$2,500	
Dependent Coverage	Covered to age 26		Covered to age 26		Covered to age 26	
Diagnostic / Preventive / Minor Restorative Services						
Oral exams – performed by a general dentist	100%	Once per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Cleanings	100%	Twice per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Fluoride treatments – for children under age 19	100%	Once per calendar year	100%	Twice per calendar year	100%	Twice per calendar year
Bitewing X-rays	100%	One set per calendar year	100%	One set per calendar year	100%	One set per calendar year
Complete X-ray series or panoramic film	100%	Once every 36 months	100%	Once every 36 months	100%	Once every 36 months
Single X-rays	100%	As required	100%	As required	100%	As required
Sealants for children under age 14	100%	Covered	100%	Covered	100%	Covered
Amalgam (silver) and composite (white) fillings	100%		100%		100%	
Extractions and other routine oral surgery (when not covered by a patient's medical plan)	100%		100%		100%	
Root canal therapy on permanent teeth and vital pulpotomy and apicoectomies	100%	One procedure per tooth per lifetime	100%	One procedure per tooth per lifetime	100%	One procedure per tooth per lifetime
Repairs to existing partial or complete dentures	100%	Once per calendar year	100%	Once per calendar year	100%	Once per calendar year
Recementing crowns or bridges	100%	Once every 60 months	100%	Once every 60 months	100%	Once every 60 months
Rebasing or relining of partial or complete dentures	100%	Once every 60 months	100%	Once every 60 months	100%	Once every 60 months
Occlusal guards for grinding and adjustments	0%	Not covered	100%	Covered	100%	Covered
Specialty consultations	0%	Not covered	0%	Not covered	80%	Covered twice per year
Major Restorative Services						
Crowns over natural teeth (that are not part of a bridge), buildups, posts and cores	80%	Replacement limited to once every 60 months	80%	Replacement limited to once every 60 months	80%	Replacement limited to once every 60 months
Periodontics						
Periodontal maintenance following active therapy	50%	Twice per calendar year	80%	Twice per calendar year	100%	Twice per calendar year
Root planing and scaling	50%	Once per quadrant every 24 months	80%	Once per quadrant every 24 months	100%	Once per quadrant every 24 months
Osseous (bone) surgery	50%	Once per quadrant every 36 months	80%	Once per quadrant every 36 months	100%	Once per quadrant every 36 months
Gingivectomies	50%	Once per quadrant every 36 months	80%	Once per quadrant every 36 months	100%	Once per quadrant every 36 months
Soft tissue grafts and crown lengthening	50%		80%		100%	
Guided tissue regeneration and bone replacement graft	50%	Once per site every 24 months	80%	Once per site every 24 months	100%	Once per site every 24 months
Prosthetics	0%	Not covered	50%	Covered	50%	Covered
Implants	0%	Not covered	0%	Not covered	50%	Covered with a separate \$3,500 lifetime maximum
Orthodontics	For dependent children under the age of 19		For dependent children under the age of 19		For children and adults, no age limit	
Elective braces and related services	50%	No preapproval required	50%	No preapproval required	50%	No preapproval required

In-network coverage shown. Out-of-network services are reimbursed, up to the plan reimbursement allowance, less any applicable coinsurance.

* When not covered by the patient's medical plan, certain oral surgery procedures do not count toward the annual plan maximum.



Vision Coverage

*Eligible State employees have two options for vision coverage:
Anchor Vision and **Anchor Vision Plus**.*

When it comes to preventive care, make sure to include regular vision care checkups, even if your eyesight is 20/20. A simple exam could help uncover health issues like diabetes, arthritis, cancer, and more. The State's vision plans cover preventive care at 100%, so take advantage!

Which Plan Is Right for You?

Your vision care benefits are provided through [VSP](#), a national vision care network. Both plan options offer preventive care coverage and an allowance for frames and contacts. Anchor Vision Plus has bigger allowances than Anchor Vision.

Both vision plan options offer benefits in- and out-of-network. However, the State encourages you to visit a VSP participating provider to receive the greatest coverage. To find a provider near you, visit [vsp.com](https://www.vsp.com).

Vision Plan Highlights

Here's a snapshot of your vision plan options when you visit an **in-network** provider. Vision services shown are available every calendar year. For more details, see the comparison chart on [page 19](#).

	Anchor Vision	Anchor Vision Plus
Vision exam	100%	100%
Prescription glasses	You pay a \$30 copay; for frames, you have a \$100 allowance and a 20% discount on any amount above the allowance	You pay a \$30 copay; for frames, you have a \$200 allowance and a 20% discount on any amount above the allowance
Contacts (instead of glasses)	\$30 cap on exam fees \$30 allowance for materials	\$30 cap on exam fees \$200 allowance for materials



Your 2022 Biweekly Premium Rates (Co-Shares)*

	Anchor Vision	Anchor Vision Plus
Full-Time Employee (Individual Coverage)		
Less than \$102,840	\$0.48	\$1.53
\$102,840 and above	\$0.60	\$1.65
Full-Time Employee (Family Coverage)		
Less than \$53,498	\$1.00	\$3.88
\$53,498 to less than \$102,840	\$1.33	\$4.21
\$102,840 and above	\$1.67	\$4.55
Part-Time Employee (Individual Coverage)		
Less than \$96,937	\$0.48	\$1.53
\$96,937 and above	\$0.84	\$1.89
Part-Time Employee (Family Coverage)		
Less than \$96,937	\$1.33	\$4.21
\$96,937 and above	\$2.33	\$5.21

* Premiums and salary bands listed here are for classified and unclassified State employees only and are effective as of the pay period beginning December 19, 2021. Part-time premiums are based on a job specification's full-time salary. College employees should refer to their college or university website (URI, RIC, CCRI) for their premiums and salary bands. Members of the RI Troopers Association and the State Police Command Staff should refer to the [Office of Employee Benefits website](#) for their premiums and salary bands.



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your vision plan elections. For instructions on how to use the Workterra online enrollment system, please review the [User Guide](#) on the [Office of Employee Benefits Enrollment page](#).

Vision Plans

	Anchor Vision		Anchor Vision Plus	
	Copay		Copay	
Dependent coverage	Covered to age 26		Covered to age 26	
WellVision Exam	\$0	Every calendar year	\$0	Every calendar year
Prescription glasses	\$30	Every calendar year	\$30	Every calendar year
Frame	Included in prescription glasses	\$100 allowance for frames 20% savings on the amount over the allowance	Included in prescription glasses	\$200 allowance for frames 20% savings on the amount over the allowance
Lenses	Included in prescription glasses	Single-vision, lined bifocal, and lined trifocal lenses	Included in prescription glasses	Single-vision, lined bifocal, and lined trifocal lenses
Lens enhancements	\$0	Polycarbonate lenses for children	\$0	Polycarbonate lenses for children
	\$0	Tints	\$0	Tints
	\$0	Photochromic lenses	\$0	Photochromic lenses
	\$0	Scratch coating	\$0	Scratch coating
	\$55	Standard progressive lenses	\$55	Standard progressive lenses
	\$95–\$105	Premium progressive lenses	\$95–\$105	Premium progressive lenses
	\$150–\$175	Custom progressive lenses	\$150–\$175	Custom progressive lenses
	Average savings of 20%–25% on other lens enhancements		Average savings of 20%–25% on other lens enhancements	
Contacts (instead of glasses)	Every calendar year \$30 cap on exam fees (fitting and evaluation) \$30 allowance for materials		Every calendar year \$30 cap on exam fees (fitting and evaluation) \$200 allowance for materials	
Extra Savings				
Glasses and sunglasses	Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam		Extra \$20 to spend on featured frame brands; 20% savings on additional glasses and sunglasses, including lens enhancements within 12 months of the last WellVision Exam	
Retinal screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam	
Laser vision correction	Average 15% off the regular price or 5% off the promotional price		Average 15% off the regular price or 5% off the promotional price	
Coverage out-of-network	Exam – up to \$20		Exam – up to \$20	
	Frame – up to \$12		Frame – up to \$12	
	Single-vision lenses – up to \$18		Single-vision lenses – up to \$18	
	Lined bifocal lenses – up to \$18		Lined bifocal lenses – up to \$18	
	Lined trifocal lenses – up to \$18		Lined trifocal lenses – up to \$18	
	Progressive lenses – up to \$18		Progressive lenses – up to \$18	
	Tints – up to \$5		Tints – up to \$5	
	Contacts – up to \$18		Contacts – up to \$18	



Health Savings Account (HSA)

An HSA is a tax-advantaged savings account that's available to you if you enroll in the Anchor Choice Plan.

With the HSA, you get:

- An annual contribution to your account every year from the State. **For 2022, the State will contribute \$1,500 for individual enrollment or \$3,000 for family enrollment.**
- The opportunity to contribute, too, on a PRETAX basis! Build on your savings—**your account can earn interest and grow!** When your balance reaches \$1,000, you can even start investing it for greater earning potential.
- **A portable account.** Your account is yours. The balance rolls over from year to year if you don't use it, and it's yours to keep even if you stop working for the State.
- A tax-free way to pay for eligible medical expenses now or for health care during your retirement. You're not REQUIRED to use your account for health care expenses, but if you do, **you don't pay taxes on your withdrawals.**
- **Easy reimbursement.** You'll get a debit card to make paying with your HSA funds a breeze.

Eligibility

To be eligible to contribute to an HSA, you:

- Must enroll in the [Anchor Choice Plan](#), which is an HSA-qualified high-deductible health plan
- Must not be enrolled in Medicare, including premium-free Part A in which many people are enrolled automatically at age 65, Medicaid, or TRICARE
- Cannot be claimed as a dependent on another person's tax return
- Cannot be enrolled in other health care coverage, unless it's another HSA-qualified high-deductible health plan
- Cannot have a traditional [general purpose health care FSA](#). But you may elect a limited purpose health care FSA to help offset dental and vision expenses.

How Does the HSA Work?

If you enroll in the Anchor Choice Plan, an HSA account will be opened for you with UMB Bank. The State's annual contribution* to your account will total \$1,500 for individual coverage or \$3,000 for family coverage. While you're not required to, you may also contribute to your HSA through pretax payroll deductions.

You can choose to use your HSA funds for eligible out-of-pocket expenses—even your deductible—or you can choose to keep the money in your account and let it roll over from year to year. You'll even be provided with a debit card, to make paying for eligible expenses with your HSA dollars easy and convenient.



Triple tax advantage!

With an HSA, you get a triple tax advantage! You don't pay taxes on what you contribute, you don't pay taxes on the interest you earn, and you don't pay taxes when you use your funds for qualified medical expenses!

Maximum Contributions for 2022

You can contribute to your account (up to IRS limits each year) to help grow your tax-free account. If you're over age 55, you can even make additional catch-up contributions of up to \$1,000.

	If your hire date is 1/1/22 or before		If your hire date is 1/2/22 – 7/1/22		If your hire date is 7/2/22 – 12/31/22	
	Individual	Family	Individual	Family	Individual	Family
State of Rhode Island contributes*	\$1,500	\$3,000	\$750	\$1,500	\$0	\$0
You may contribute up to**	\$2,150	\$4,300	\$2,900	\$5,800	\$3,650	\$7,300
Total limit in 2022***	\$3,650	\$7,300	\$3,650	\$7,300	\$3,650	\$7,300

* Contributions are made biannually with half deposited on January 1 and the other half deposited on July 1. The State's HSA contributions are not prorated for employees who enroll after those dates.

** Assuming no other HSA contributions elsewhere

*** Your total contribution for the year must take into account any 2022 HSA contributions you made prior to your employment with the State.

You can use the money in your HSA to pay for qualified medical, dental, and vision expenses at any time without federal tax liability or penalty. Any HSA funds used to pay for goods or services that are not qualified medical expenses are taxable income. And, if you are under age 65, they can be subject to an additional 20% tax penalty. If you're over 65, there's no tax penalty for a withdrawal for any reason.

Whatever you don't spend stays in your account where it can grow over time. Funds are kept in a cash account, and once your HSA balance exceeds \$1,000, you're eligible to invest. Plus, you pay no taxes on the interest you earn.



Not sure how much to contribute to your HSA? Go ask ALEX!

alex® Visit [ALEX](#), the State's interactive online decision tool. Just plug in some basic information, and [ALEX](#) will make recommendations based on your answers. In 2022, the IRS allows you to contribute up to \$3,650 for individual coverage or \$7,300 for family coverage (total combined with the State's contribution).



How Do I Enroll?

If you enroll in the Anchor Choice Plan, an HSA will be opened for you. If you would like to make contributions to your HSA, [complete this form](#) and email it to doa.oeb@doa.ri.gov or fax it to **401-574-9281**.



Pick your person!

Any remaining HSA balance you have at the time of your death will be distributed to your named beneficiary. Make sure your beneficiary information is up to date by logging in at BCBSRI.com and linking to the HSA portal. A beneficiary form can be found under **Documents and Forms**.

For more details, visit the [beneficiary page on the virtual benefits fair website](#).



Flexible Spending Accounts

The State offers three flexible spending accounts (FSAs) for employees:

- **General purpose health care FSA**, for employees who are not enrolled in the Anchor Choice medical plan;
- **Limited purpose health care FSA**, for employees enrolled in the Anchor Choice medical plan; and
- **Dependent care FSA**, for employees enrolled in any medical plan.

These plans are governed by the IRS and allow you to put aside money on a pretax basis to receive reimbursement for eligible expenses.

New for 2022!



The State has a new FSA vendor — ASIFlex. ASIFlex offers many of the same benefits and features as Navia, but there will be some slight differences. One such difference is that ASIFlex provides [cardless access to FSA funds](#) for eligible purchases at [FSastore.com](#). Employees who enroll in a health care FSA during the open enrollment period will get a new ASIFlex debit card in late December for use as of January 1, 2022.

IMPORTANT: Flexible spending accounts from 2021 will be administered by Navia through the end of the year, but the 2022 FSA benefits will be administered by ASIFlex. A few weeks after the end of the 2021 claims run-out period (March 31, 2022), any health care FSA carryover will be transferred to a 2022 FSA benefit with ASIFlex. This will be an unlimited carryover for health care FSAs, but there will be no carryover for dependent FSAs.

How FSAs Work

FSAs can help you save money on health care and dependent care expenses, because you can elect to contribute a certain amount of your taxable pay each year for these expenses before the taxes are taken out. Those allocated dollars can be used for eligible (as defined by the IRS) out-of-pocket medical, dental, vision, and/or dependent care expenses. Your FSAs are administered by ASIFlex.

IRS limits are subject to change



The contribution and carryover maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).

General Purpose Health Care FSA

The general purpose health care FSA allows you to stretch the dollars you use to pay for medical care, dental care, and vision care expenses that are not paid or reimbursed by your health care plans (like deductibles, copays, and coinsurance). When you enroll, you choose the annual amount(s) that will be deducted from your paycheck in equal installments each pay period and deposited into your FSA(s).

You may elect to contribute a maximum of \$2,750 (projected limit for 2022) to the general purpose health care FSA. Don't worry if you overestimate a little—you may roll over up to \$550 (projected limit for 2022) of unspent health care FSA dollars to the following calendar year.



General health care FSA eligible expenses

- Copays, deductibles, and coinsurance
- Certain over-the-counter items like sunscreen, first aid supplies, blood pressure monitors, certain feminine hygiene products, etc.
- Breast pumps and accessories, child birth classes, birthing coach, diaper services
- Vision exams, eyeglasses, prescription sunglasses, contact lenses and solution
- Dental exams, X-rays, fillings, orthodontia, crowns, bridges, implants, dentures
- Hearing exams, hearing aids and batteries

Limited Purpose Health Care FSA

The limited purpose health care FSA is available to employees who have elected the Anchor Choice Plan. Because the Anchor Choice Plan has a health savings account component attached to it, the IRS prohibits combining an HSA with a general health care FSA. A limited purpose FSA is allowed, because it is limited to eligible dental and vision expenses. Like the general purpose health care FSA, you may contribute up to \$2,750 (projected limit for 2022) to a limited purpose FSA and you can roll over up to \$550 (projected limit for 2022) of unspent contributions from year to year.



Limited purpose health care FSA eligible expenses

- Copays, deductibles, and coinsurance for dental or vision expenses only
- Dental exams, X-rays, fillings, orthodontia, crowns, bridges, implants, dentures not reimbursed under the dental plan
- Vision exams, eyeglasses, prescription sunglasses, contact lenses and solution not reimbursed under the vision plan

Dependent Care FSA

The dependent care FSA can be used to reimburse you for dependent care expenses for your child(ren) or parent(s). You may elect to contribute a maximum of \$5,000 per calendar year (or \$2,500 if married and filing separately).



Dependent care FSA eligible expenses

- Before-school or after-school care for children under age 13
- Child care while you and your spouse work or while your spouse attends school full time or looks for work
- Adult day care, age 13 and older (not medical-care related)
- Preschool
- Day camps (even if a camp specializes in a particular activity, such as computers or soccer)
- Housekeeper whose services include the care of a qualifying person

Receiving Reimbursement for Your Eligible Expenses

DEBIT CARD

To make it easy to substantiate your eligible health care expenses, you'll receive an ASIFlex debit card when you enroll in an FSA. Your health care FSA debit cards will be loaded with your full annual election amount on the first day of the plan year.

MANUAL REIMBURSEMENT CLAIMS

You may also submit manual reimbursement claims:

- Online at asiflex.com;
- Using the ASIFlex Self Service mobile app; or
- Via paper claim form by mail to:
ASIFlex
P.O. Box 6044
Columbia, MO 65205-6044
- Or by fax to: **877-879-9038**.



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your FSA plan elections. For instructions on how to use the Workterra online enrollment system please review the [User Guide](#) on the [Office of Employee Benefits Enrollment page](#).



Health care FSA carryover

If you have any funds left in your FSA at the end of 2021, the IRS is allowing an unlimited carryover to 2022. At the end of 2022, however, the rollover maximum of \$550 to the 2023 calendar year will return.

Please note: If you have a remaining FSA balance to roll over into 2022 but you do not reenroll in an FSA for 2022, administrative fees will be deducted directly from your carryover-only account. The State of Rhode Island pays the administrative fee for all those actively enrolled in an FSA, so to avoid the fee, simply elect a health care FSA during open enrollment.



Deferred Compensation Plan

The State offers a deferred compensation 457(b) plan to allow you to save for retirement using pretax dollars.

You decide how much to contribute from your pay each year, and that deferral is deducted in equal installments every pay period before taxes are taken out—reducing your taxable income while allowing you to invest for your future.

You can enroll or make changes to how much you contribute at *any time* during the year. You also choose how you would like your contributions to be invested among the funds available through [TIAA](#), [Fidelity](#), and/or [Voya](#).

Employees' Retirement System of Rhode Island (ERSRI)

As part of their employment, most State employees receive a retirement plan with a defined benefit portion administered by [ERSRI](#) and a defined contribution portion administered by TIAA.

However, the deferred compensation plan is a voluntary benefit. It gives you an additional way to save even more for retirement.



You're vested!

You're always 100% vested in your deferred compensation plan account.

IRS limits are subject to change

The maximums shown in this guide are set by the IRS and may change. Verify current maximums by visiting the [Office of Employee Benefits website](#).

Catch-Up Contributions

If you are at least age 50 by the end of the calendar year and you contribute the maximum amount to your deferred compensation plan account, you may make catch-up contributions. Catch-up contributions allow you to save above the normal IRS annual limit on a pretax basis.

Special Three-Year Catch-Up

If you are within three years of your retirement age, you have another opportunity to add to your deferred compensation plan account. This special three-year catch-up provision cannot be combined with the over-age-50 catch-up provision.

For more information, visit the [Office of Employee Benefits website](#).

Contributions

	IRS 2022 Contribution Limit*
Salary deferral contributions	\$20,000
Catch-up contributions	\$7,000
Special three-year catch-up	The lesser of \$40,000 or \$20,000 plus any underutilized contribution limits from prior years during which you were eligible to participate but did not make the maximum annual contribution for those years.

* IRS 2022 contribution limits shown are projected as of the date this guide was published. The official 2022 limits will be posted on the [Office of Employee Benefits website](#) when they become available.

Pick your person!

Any remaining balance you have in your deferred compensation plan account at the time of your death will be payable to your named beneficiary. Make sure your beneficiary information is up to date!

Visit the [beneficiary page on the virtual benefits fair website](#).

How do I manage my 457(b) plan account?

To manage fund allocations and update beneficiaries, visit the [TIAA](#), [Fidelity](#), and [Voya](#) websites.

How Much Should I Save for Retirement?

It's a personal decision, but most experts agree that striving to save around 15% of your salary will help you get to a comfortable lifestyle during your retired years. Your deferred compensation plan—especially when combined with the compulsory retirement plans—can help you reach that goal.



How Do I Enroll?

To enroll or manage your account, visit Rhode Island's [Retirement@Work website](#).

Log in to your Retirement@Work account to choose your investment provider(s) and salary deferral amount(s).

Follow the on-screen prompts, and visit the website(s) of the investment provider(s) you choose to complete your account setup, including fund selections and assigning your beneficiaries. If you don't complete your account setup with each investment provider you selected, your contributions will either be rejected or be directed to an age-appropriate target date fund.

If you have any enrollment-related questions, please call Retirement@Work at **855-200-0135**.



Invest like a pro!

No matter which deferred compensation plan provider you use (Voya, TIAA, or Fidelity), there are plenty of tools and resources available to help you learn how to best manage your account. You can schedule a virtual consultation for one-on-one investment counseling or educate yourself through a variety of online resources like articles, webinars, videos, and podcasts. Visit the [Office of Employee Benefits website](#) for more details.

Income Protection / Assistance

Life Insurance

The State of Rhode Island provides group term life insurance coverage through The Hartford so that you can protect your family while you're a State employee. If you enroll in basic coverage, you may also enroll for additional protection with supplemental life insurance. Basic life insurance includes accidental death and personal loss coverage, but it also includes identity protection, estate planning, and travel assistance, all at no additional charge.

For more information, review the plan summary materials posted on the [Office of Employee Benefits website](#).

	Your Coverage
Basic life	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000
Supplemental life	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000
Accidental death and personal loss*	100% of your base annual salary (excluding overtime), rounded to the next highest \$1,000, up to \$150,000

* Coverage is included in basic life insurance and does not require an additional premium.



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your life insurance elections. For instructions on how to use the Workterra online enrollment system, please review the [User Guide on the Office of Employee Benefits Enrollment page](#).



Check out The Hartford's new employee portal!

Visit enroll.thehartfordatwork.com/soribene to check policy information and review or change beneficiaries. For information on how to log in and establish an account, visit the [Office of Employee Benefits](#) website.

Short-Term Disability Insurance

If you become sick or injured and cannot work, short-term disability insurance can replace a portion of your pay during your absence. Although you pay for this coverage via payroll deduction, you enroll directly through [Aflac](#) or [Colonial Life](#).*

The amount you pay for short-term disability insurance depends on the amount of benefit you choose to receive and the coverage period you elect. Visit the [Office of Employee Benefits website](#), or directly contact Aflac or Colonial Life for coverage details.

* Colonial Life is available only if you're represented by NEARI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO, or URI/AAUP.

Plan Features

- Short-term disability insurance covers a non-work-related injury or illness.
- Benefits are paid directly to you, regardless of any other disability insurance you may have.
- Your coverage is fully portable (i.e., you can keep the same plan even if you switch jobs or leave State employment).
- Your premium rates stay the same unless you make changes to your plan.



How Do I Enroll?

You do not need to reenroll in short-term disability insurance if you already have coverage and would like to keep it. If you don't have coverage now but would like to enroll, you can do so at any time during the year. For Aflac, call the local office (401-475-9936, ext. 0), State of RI Hotline (833-218-5376), or visit aflac.com/StateofRhodeIsland. For Colonial Life, call 866-349-8011. Make sure you identify yourself as a State of Rhode Island employee.

Legal Services

For a low premium rate, you can have prepaid legal assistance through MetLife Legal when you need it for yourself and your eligible family members. You'll be able to access a network attorney of your choice to help with the following services:

- Estate planning documents
- Juvenile matters
- Civil lawsuits defense
- Criminal matters
- Real estate matters
- Legal document review
- Family law
- Immigration assistance
- Elder law
- Financial matters
- Document preparation
- Traffic offenses



Your 2022 Premium Rates

	Biweekly Costs
Individual (Single Plan)	\$3.11
Family Plan (covers employee, spouse, and dependents)	\$4.78



How Do I Enroll?

Visit the [Workterra online enrollment system](#) during an [enrollment period](#) to make your life insurance elections. For instructions on how to use the Workterra online enrollment system, please review the [User Guide](#) on the [Office of Employee Benefits Enrollment page](#).



For more information

Visit info.legalplans.com and enter access code 7580001 for the Single Plan and 7590001 for the Family Plan, or call **800-821-6400**, Monday–Friday, 8 a.m.–9 p.m. ET.

Also visit the [Office of Employee Benefits website](#) for a plan summary, fact sheet, and FAQ.



Welcome to Open Enrollment 2022!

Important Reminders About Open Enrollment

1. This year, open enrollment runs from **November 1 through November 19, 2021.**
2. If you take no action during open enrollment, your medical, dental, vision, life, and legal coverage will remain the same in 2022.
3. If you waived any benefits in 2021, and you take no action during open enrollment, those benefits will remain waived for 2022.
4. If you want to have a flexible spending account in 2022, you **must** enroll during the enrollment period. **You will enroll in an FSA through Workterra, the State's [online enrollment system](#).**
5. Run your elections by [ALEX](#) to see if your 2022 needs align with your benefits. You may find a change is in order!
6. Your benefit elections will go into effect on January 1, 2022.



Attend the virtual benefits fair!

Watch online presentations and videos from many of the State's benefit vendors, gather forms, flyers and plan comparison information, and link to all of the State's benefit resources in one convenient spot. Visit [exploreemployeebenefits.ri.gov](#) to start your tour.

Special Life Insurance Enrollment Opportunity!

If you've waived life insurance coverage in the past and would like to enroll now, or if you'd like to add supplemental life insurance to your existing basic level of coverage, this open enrollment presents a golden opportunity to do so. Normally, enrolling in life insurance coverage after your initial eligibility period is over would require you to provide The Hartford with evidence of insurability through completion of a medical questionnaire and any other requirements The Hartford may impose. But during open enrollment 2022, The Hartford has waived evidence of insurability requirements and you are guaranteed to get the level of coverage you want. Visit the [Workterra online enrollment system](#) during open enrollment 2022 to take advantage of this special opportunity!



Unsure about which plan to choose or just want more information?

- Go to the *Office of Employee Benefits website*:
 - Talk to *ALEX* for guidance on which plan makes the most financial sense for you.
 - Review plan details.
 - Watch informative videos.
- Visit the 2022 *virtual benefits fair* to learn much more about our benefit programs and vendors.
- Review your coverage and expenses from 2021.



What Happens if I Do NOT Take Action During the Open Enrollment Period?

If you take no action, here's what will happen:

1. You (and any currently enrolled dependents) will be enrolled in the same medical, dental, and vision plans you have in 2021.
2. Your 2021 life insurance and legal coverage elections will carry over to 2022.
3. Your current Primary Care Provider (PCP), assuming he or she participates in the BCBSRI network, will remain your PCP unless you make an active change. After the plan year starts, you can change your PCP by calling BCBSRI.
4. You may roll over any unused balance (with no limits) from your 2021 health care FSA to 2022, but if you do not make an active election for 2022, a \$2.25 administrative fee will be deducted from your FSA on a monthly basis. This fee only applies to carryover-only accounts, so you can avoid it entirely by making a 2022 health care FSA election during open enrollment.

Year-Round Benefits Enrollment

Keep in mind, there are several benefits available to State employees that you can enroll in—or make changes to—at *any time* during the year:

- Make changes to your HSA contributions if you enroll in the Anchor Choice Plan with HSA for your medical and prescription drug coverage.
- Enroll in or update your contribution amount to your deferred compensation plan by visiting retirementatwork.org/ri.
- Purchase or make changes to your short-term disability insurance coverage by contacting Aflac or Colonial Life.
- Pick your person! Add or change the person(s) you elect to be your beneficiary for your deferred compensation plan, your ERSRI and 401(a) plans, your life insurance benefit, and your health savings account benefit. For details about how to update and/or change, visit the [State's virtual benefits fair](#).

Contact Information

You can find much more information about your benefits plans and programs on the [Office of Employee Benefits website](#). Here's a handy list of contact phone numbers and websites for your program vendors if you need additional information.

If You Need More Information About	Contact	
General questions about your benefits, eligibility, dependents, life events and enrollment	Office of Employee Benefits (OEB)	401-574-8530 employeebenefits.ri.gov DOA.OEB@doa.ri.gov
Medical Coverage	Blue Cross & Blue Shield of Rhode Island	401-429-2104 or 866-987-3705 mybcsri.com (member portal) bcsri.com (general info)
Prescription Drugs	CVS Caremark	800-307-5432 caremark.com
Health Savings Account	Blue Cross & Blue Shield of Rhode Island	401-429-2104 or 866-987-3705 bcsri.com
Dental Coverage	Delta Dental	800-843-3582 deltadentalri.com
Vision Coverage	VSP	800-877-7195 vsp.com
Flexible Spending Accounts	ASIFlex	800-659-3035 ASIFlex.com
Life Insurance	The Hartford	855-396-7655 enroll.thehartfordatwork.com/soribene
Short-Term Disability Insurance	Aflac (all employees)	401-475-9936, ext. 0 (local office) 833-218-5376 (hotline) aflac.com/stateofrhodeisland
	Colonial Life (select union employees*)	866-349-8011 visityouville.com/stateofri
Deferred Compensation Plan	Retirement@Work	855-200-0135 retirementatwork.org/ri
Legal Services	MetLife Legal	800-821-6400 info.legalplans.com
Employee Assistance Program	Beacon	866-987-3705 or 401-429-2104 stateofrhodeisland.mybeaconwellbeing.com

* Represented by NEARI, AFSCME-Council 94, AFT, SEIU, IFPTE, LIUNA-Local 808, RIBCO, or URI/AAUP.

Please note: This guide provides a broad, general overview of your benefit programs. If there is any discrepancy between the information contained in this guide and the actual plan documents, the official documents will govern in all cases.

State of Rhode Island
2022 Benefits Guide



Department of Administration
Office of Employee Benefits